

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
00 JAN 26 PM 12:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** L85331

1. Corporation Name

PowerPak Communications, Inc.

Principal Place of Business  
100 Avenue of the Americas  
New York, NY 10013

Mailing Address  
100 Avenue of the Americas  
New York, NY 10013

**REINSTATEMENT** 99-100

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable  
N/A

3. New Mailing Address, If Applicable  
N/A

4. Date Incorporated or Qualified  
To Do Business in Florida 7/5/90

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number  
59-3016197

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☒

8.75 Additional Fee Required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 Directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City/State/Zip
P/D	Robert A. Amato	100 Avenue of the Americas	New York, NY 10013
V/D	Robert S. Amato	100 Avenue of the Americas	New York, NY 10013
T/D	Roger C. Amato	100 Avenue of the Americas	New York, NY 10013
Asst. S	Jarvis P. Kellogg	75 State Street	Boston, MA 02109

300003120873-6  
-02/02/00--01062--014  
\*\*\*\*758.75 \*\*\*\*758.75

8. Name and Address of Current Registered Agent

CT Corporation System  
1200 South Pine Island Road  
Plantation, FL 33324

9. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc.  
City State Zip Code  
FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent Connie Bryan **CONNIE BRYAN** Date 1/26/2000  
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes.. Yes ☐ No ☐ (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3) (k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Jarvis P. Kellogg **Asst Sec'y** January 25, 2000 617-342-4000  
SIGNATURE AND TYPED OR PRINTED NAME SIGNING OFFICER OR DIRECTOR Date Daytime Phone #